



Benefit Estimate Request

If you are a member of the Tennessee Consolidated Retirement System and are considering retirement within the next three years, you may obtain an estimate of your benefit by providing the following information:

Type of Benefit (Check One)

Service Retirement

Early Retirement

Disability Retirement

Member Information

Full Name _____

Telephone _____

Date of Birth _____

Social Security # _____

Estimated Date of Retirement _____
Month Day Year

Mailing Address _____

City _____ State _____ Zip _____

Beneficiary Information

(Required for Survivor Options)

Name of Beneficiary _____

Date of Birth _____ Relationship to Member _____

Note: This form cannot be used to change the beneficiary you have on file with TCRS. If you wish to change your beneficiary, you must submit a Change of Beneficiary form.

Retirement Information

Current Annual Salary _____ Days of Accumulated Sick Leave _____

Months Worked Per Year: 10 11 12 Years of Service _____

For leveling estimate, please enter estimated Social Security benefit amount at age 62 _____

Signature of Member

Date

Mail this information to:

Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201